## BEST AVAILABLE CUPY

## FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER AFTER AS FILED 1st AMENDMENT 2nd AMENDMENT IND. DEP. IND. DEP. DEP. IND. IND. DEP. IND. DEP. IND. OEP. i ī TOTAL IND. \_i TOTAL IND. Į \_1 \_# TOTAL DEP. TOTAL DEP. TOTAL 2D 914 Sec. \* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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